



Atty. Dkt. No. 050499-0101

AF/1641

Applicant: Shunichi SOMA et al.

Title: ORTHODONTIC REMEDIES CONTAINING PTH

Appl. No.: 09/344,382

Filing Date: 06/25/1999

Examiner: David S. Romeo

Art Unit: 1647

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**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD  
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents  
Washington, D.C. 20231

Sir:

Applicants hereby appeal to the Board of Patent Appeals from the decision of the final rejection dated April 8, 2002 of the Examiner finally rejecting Claims 22-28, 43, 45, 49, and 50.

☐ Applicant claims small entity status.

☒ Applicants hereby petition for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

☒ Notice of Appeal Fee

☒ To be paid as detailed below

☐ Not required (Fee paid in prior appeal)

10/09/2002 TBESHAH1 00000029 09344382

01 FC:119

320.00 OP

The required fees are calculated below:

<input checked="" type="checkbox"/>		Notice of Appeal Fee	\$320.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:		\$920.00
<input type="checkbox"/>		Extension:	\$0.00
		FEE TOTAL:	\$1240.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
		TOTAL FEE:	\$1240.00

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$1240.00 . A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$1240.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date October 8, 2002

By



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